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ABSTRACT

The Aboriginal Healing Foundation (AHF), based in Ottawa (Ontario), works with Canada Native communities to reduce incidents of physical and sexual abuse, children in care, suicide, and incarceration among residential school survivors and their families. This guide has been prepared to help communities evaluate their AHF-funded activities in the hope that community-based evaluation of AHF-funded activities will strengthen their ability to secure funding from other sources beyond the life of the Foundation. The guide provides an easy-to-use way to determine how projects can get desired results through the creation of performance maps, which put the main elements of the evaluation plan on one page. These elements are the mission statement, why the project is being undertaken, what is expected to happen, who is expected to be influenced, what activities will help achieve the desired results, how to determine that change has occurred, how that change will be measured, how much things have changed, and who else sees the change. Logical thinking about the link between activities and long-term goals is encouraged. How to collect and make sense of the information using a holistic approach is discussed, as well as how to report the results and package this information into a "to do" list for those responsible for evaluation at the project level. Three appendices present a logic model, survey development guidelines, and a survey form for participant satisfaction with the AHF project. (TD)

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Community Guide to Evaluating Aboriginal Healing Foundation Activity

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prepared by Kishk Anaquot Health Research

February 2001

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1) Introduction

This guide has been prepared to help communities evaluate their Aboriginal Healing Foundation (AHF) funded activity. *It is hoped that community based evaluation of AHF funded activities will strengthen their ability to secure funding from other sources so that their important work will continue beyond the life of the Foundation.* Because there is no single or best way to evaluate AHF funded activity that will work for every project, this guide is intended to answer some questions about program evaluation generally and be a *flexible* tool that can be adapted to unique community or project needs. The guide:

- provides an easy to use way to determine how projects can get desired results (otherwise known as performance "maps"[1]) which puts the evaluation plan on one page,
- encourages logical thinking about the link between activities and long term goals,
- outlines how and where to collect needed information,
- offers a clear way to make sense of that information using a holistic approach,
- shows how to report the results and
- last but certainly not least, packages this information into a "to do" list for those responsible for evaluation at the project level.

2) Getting Started

The first thing you might want to do is develop an evaluation team or committee. This is a big task: you will need help. Your team can include as many or as few people as you want but should have a variety of groups represented (e.g. survivors, their families, youth, Elders, project leaders, general community members, project sponsors, etc). Once your team is together, there are some very basic questions that need to be answered that should help you prepare a "picture" of how your efforts will lead to desired results as well as help you figure out if your efforts are giving you what you want. Once you have the answers to the questions listed on the next page, you can then prepare a "performance map" to help you evaluate whether or not what you are doing is giving you what you want.

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[1]Adapted from Montague, S.: Evaluators and Performance Measurement: Bringing the Logic Model to the Manager, Canadian Evaluation Society Newsletter, vol. 17, No. 2, June 1997.

✓ ① ***Why are we doing this?***
(What are the long term we hope for?)

✓ ② ***What do we want?***
(What do we hope will happen in next 6 months to a year?)

✓ ③ ***Who do we expect to influence?***
(Who is most likely to benefit from this activity?)

✓ ④ ***How are we going to do it?***
(What activities, services, products do we believe will help us get what we want?)

✓ ⑤ ***How will we know that things have changed?***
(What things will indicate to us that change is happening? What "thermometers" or indicators of change will we use?)

✓ ⑥ ***What will we see, hear and feel?***
(How will we measure that change?)

✓ ⑦ ***How much have things changed?***
(Is there a clear difference from before we started AHF activity? What "thermometers" tell us that?)

✓ ⑧ ***Who else sees the change?***
(What is the opinion of key community members? e.g. police, social workers, nurses, leaders, etc.)

Once the answers to these questions have been collected, a logical picture of the relationship between project activities, short term benefits and long term goals can be prepared. In addition, a "one page map" of project performance can be laid out to guide you through the evaluation. If there is more than one program activity (e.g. healing services and training), then these questions should be answered separately for each.

A sample of a "one page map" is offered below.

Table 1) Healing Project "One Page Map of Performance"

Mission Statement: encourage sustainable healing			
HOW?	**WHO?**	**WHAT do we**	**WHY?**
Resources	**Reach**	**Results**	
activities/outputs		short-term outcomes	longer-term outcomes/impacts
provide healing circles; offer free consultation time with Elders as well as encourage attendance at the healing circles through advertisements	residential school survivors and their families	increased awareness of the impact of residential schools; increased access to healing services that are appropriate for the residential school survivor.	Residential school survivors and their families have improved life outcomes and better family functioning; increased climate of support in the community for individuals and families who have chosen a healthy lifestyle

How will we know we made a difference? What changes will we see? How much change occurred?			
Budget	**Reach**	**Short Term Measures**	**Long Term Measures**
$ 150,000	# of people who benefitted is 35	participation in alcohol or drug abuse treatment; numbers of people reaching for help; numbers of people reporting historical abuse; numbers of community members seeking counseling; perceptions of community members and local professionals about changes in awareness of the impact of residential school (e.g. leaders, social workers, police, nurses); rates of participation in other social services (e.g. parenting skills courses)	reduced rates of physical and sexual abuse, children in care, suicide and incarceration.

"To Do" List

Getting Started

Has an evaluation team or committee been gathered to answer the following questions for each project activity or component?

- ✓ ***Why are we doing this?***
  (What does the community ultimately hope for? Have long term goals been stated clearly in **measurable** terms? Is there a description of how community program goals were decided?)

- ✓ ***What do we want?***
  (What are the **short term** benefits that the community wants? Are they clearly stated in measurable terms?)

- ✓ ***Who do we expect to influence?***
  (Who should benefit the MOST, adults? children? youth? incarcerated? elders? families?)

- ✓ ***How are we going to do it?***
  (What efforts do we believe will give us what we want?)

- ✓ ***How will we know that things have changed?***
  (What indicators or "thermometers" have been chosen to show change? What was really important and why?)

- ✓ ***What will we see, hear and feel?***
  (What methods did we use [observation, interviews, surveys]? and why?)

- ✓ ***How much have things changed?***
  (What do the numbers say?)

- ✓ ***Who else sees the change?***
  (What is the opinion of key community members? Why was their opinion important to us?)

- ▸ Are there short and long term **indicators** for each activity?
- ▸ Has a performance map been prepared based upon the answers to key evaluation questions?

3) Thinking Logically

Over the **long term**, we hope community efforts will result in *change* for residential school survivors and their families: it is **WHY** the Aboriginal Healing Foundation exists. To link community efforts to desired change, we must think logically. When we think logically, we have an idea of what leads us from point A to point B. To achieve a long term goal things that must happen along the way which we will call **short term benefits** like increased access to healing support or improved understanding of the legacy of residential schools. The **short term benefits** are **WHAT** we want tomorrow, next week or this year. Short term benefits are achieved by performing **day to day activities** or **HOW** we are going to achieve our goals. This sequence is most simply illustrated in Figure 1) below:

Figure 1) Thinking Logically: The Short and Sweet Version

Day to day activities

(How we did it) ➥ ***Short term benefits***

(What we want) ➥ ***Long term goals***

(Why we are involved)

There are several ways to "picture" our logical thinking about project activity and goals: two examples have been provided for you. The first example on the following page pictures the logical sequence of activities, short term benefits and long term goals for a training project. The second example on page 7 is slightly more detailed and shows the logical steps from day to day activity to the kind of things we want in the short term and finally, to the long term desired results. This type of "picture" or model will help everyone understand how your project will help you get what you want. A blank model is included in Appendix A for your use.

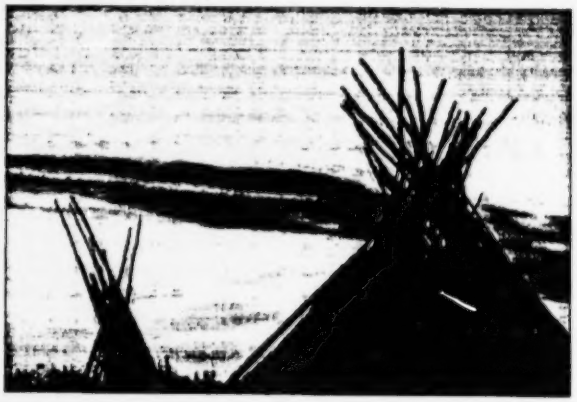

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Figure 2) *Thinking Logically* about AHF Funded Training

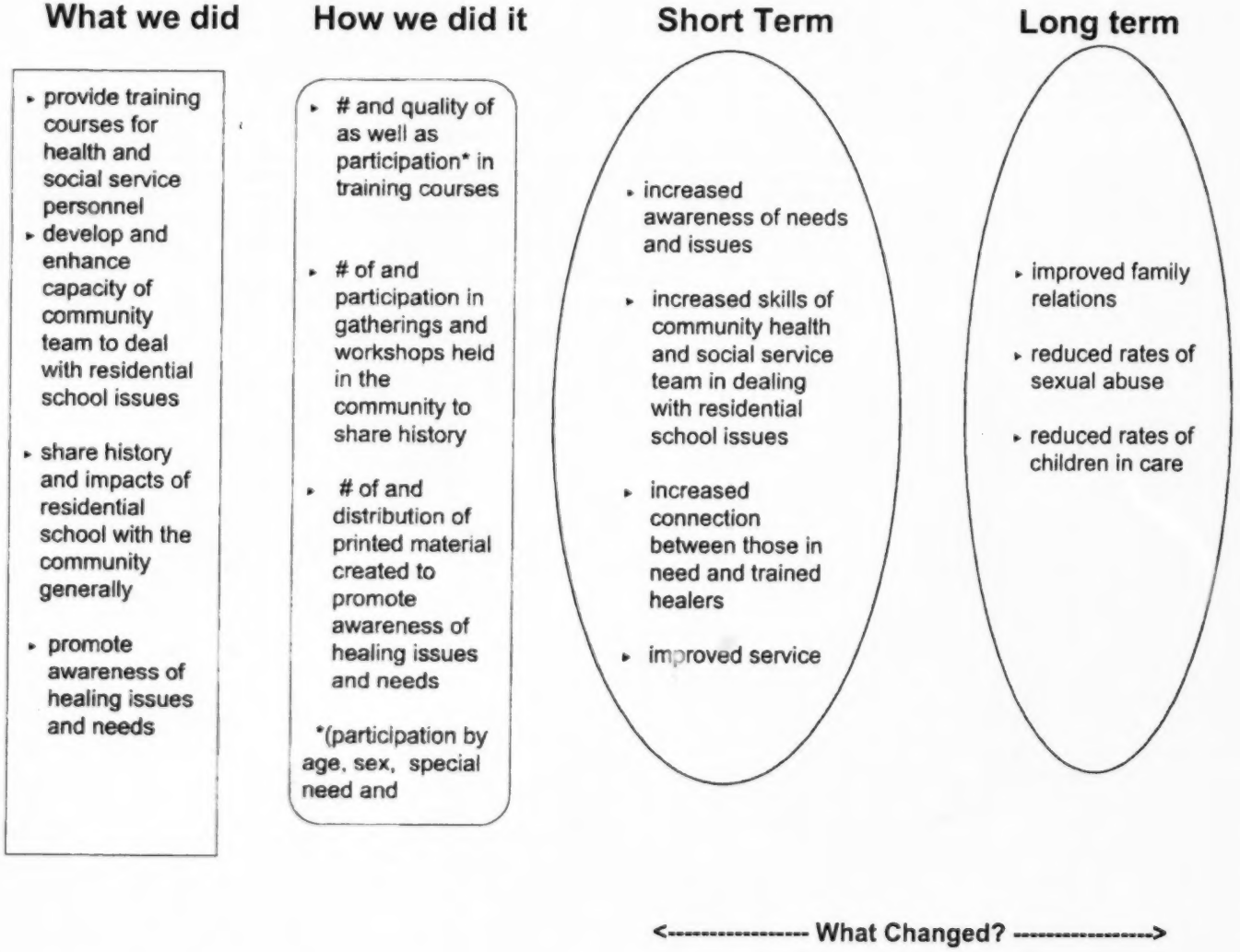
What we did
How we did it
Short Term
Long term
provide training courses for health and social service personnel
develop and enhance capacity of community team to deal with residential school issues
share history and impacts of residential school with the community generally
promote awareness of healing issues and needs
and quality of as well as participation* in training courses
of and participation in gatherings and workshops held in the community to share history
# of and distribution of printed material created to promote awareness of healing issues and needs
*(participation by age, sex, special need and
increased awareness of needs and issues
increased skills of community health and social service team in dealing with residential school issues
increased connection between those in need and trained healers
improved service
improved family relations
reduced rates of sexual abuse
reduced rates of children in care
<---------- What Changed? ---------->
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Figure 3) Thinking Logically about Healing Projects

Our Activities	Parenting skills classes	Community awareness about the impact of residential schools	Counseling sessions for survivors	Special Training for public health professionals re: impact of residential schools
How we did it	To inform parents about effective discipline and age appropriate needs	To identify need and increase knowledge of the legacy	To increase access to healing relevant to residential school survivors	To increase knowledge and awareness of strategies to deal with the legacy
What we did	Number of sessions held and number of parents attending	Number of news articles distributed, number of radio specials	Number of counseling sessions offered, number participating	Number of times special strategies were used to deal with the legacy
What we wanted in the short term	To increase parents' ability to cope with day to day challenges	To create an open climate regarding the legacy	To improve survivor understanding of the legacy and coping skills	To increase skill and effectiveness of local public health professionals
How we know things have changed	% of parents who show increased parenting skill	Extent to which legacy is acknowledged and discussed openly	% of survivors who have effectively begun to heal	Differences in approach, client satisfaction, professional self evaluation or confidence
Why we were doing this in the first place	To improve family functioning			
How we know that things have changed	% decrease/increase in children in care % increase in appropriate and self initiated participation in healing % increase in degree of trust in local public health officials and their understanding of the issues related to the legacy % decrease/increase in allegations of child abuse and neglect			

Again, to help you organize the evaluation tasks, a "to do" list has been prepared.

"To Do" List

Thinking Logically

- Is it clear how the project will get from activities right now to desired changes in the short term (let's say in the next 6 to 12 months) and then ultimately to the long term goals that the project hopes to achieve?
- Is the link between project activities clearly illustrated in a "picture" or model?
- Has a logical "picture" or model for each program component or activity (e.g. healing services and training) been prepared?

4) Covering all the Bases

The greatest opportunity for a run in baseball is when the bases are covered. The greatest opportunity for good judgement in evaluation also comes from "covering all the bases". In other words, get different kinds of information (e.g. numbers and stories) from the greatest variety of sources (e.g. project documents, project teams, other professionals in the community, leadership, participants, etc) through many different ways (e.g. face to face interviews, observation, checking thermometers or indicators, questionnaires, surveys and other measurement tools).

Basic sources of information that you will need will include:

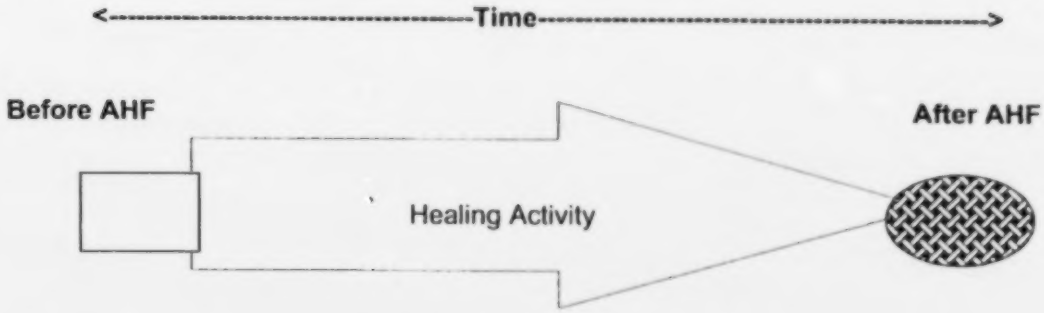
- information on **selected "thermometers" or indicators** of change for the project based upon the "one page map" of performance
- information on the **"thermometers" of change selected by the AHF board** (See page 11, these indicators should always be considered in healing projects and may be applicable in some training projects)
- the **opinions of key community informants** including those directly involved in the project as well as those who are not directly involved

We know that a **combination of "hard" (numbers) and "soft" (stories) information is required**. Before collecting any information, review the answers to the following questions:

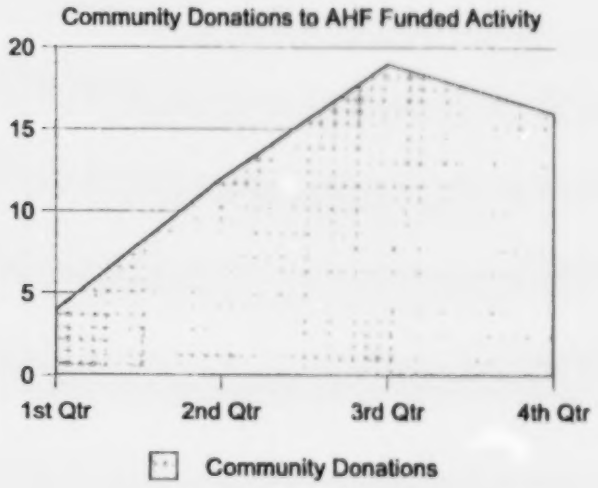
- How will we know that things have changed?
- What will we see, hear and feel?
- How much have things changed? and
- Who else sees the change?

When you start checking your "thermometers" or measuring change in an organized way, be sure that your methods are **valid** (are you ***really*** measuring what you want to measure?) and **reliable** (will your methods perform consistently for you over time?). You may have already thought about this and decided to use a method or tool that has been tested for reliability and validity. This is a powerful tool, use it with confidence! What kinds of things are reliable and valid? Well, let's take a look at the example of alcohol and drug treatment centres. Some treatment centres use a substance use survey or tool to measure if treatment has made a difference in substance use over time. *Such a measurement tool may have widespread approval in the field of addiction and have been tested and designed to be culturally appropriate: the results from its use would be very valuable to an evaluation of the treatment program.* When a standard, valid, reliable and culturally appropriate measurement tool or method is used, it is usually used at two points in time: before the program and after the program. This is a popular way to measure program performance in evaluation and is known as a "within groups repeated measures" design or the "before and after" design.

Figure 4) Before and After AHF



We can also limit our use of numbers to show simple trends in the form of a graph like the example provided here. The graph shows the number of community donations to AHF funded activity during a four month period.



Communities might also decide to prepare their own surveys. We know that **a good survey not only asks questions clearly but gets useful responses** so when you draft a survey, you may want to keep some rules in mind[2] (See Appendix B). Peoples opinions about any differences they may have noticed in participants or the community and how they feel about the program overall are important. Try not to limit yourself to just the opinions of people *directly* involved in delivering or participating in the

[2]Narins, P. Write more effective survey questions, Keywords: Tips and News for Statistical Software Users. SPSS, No. 57, 1995, pages 6-16.

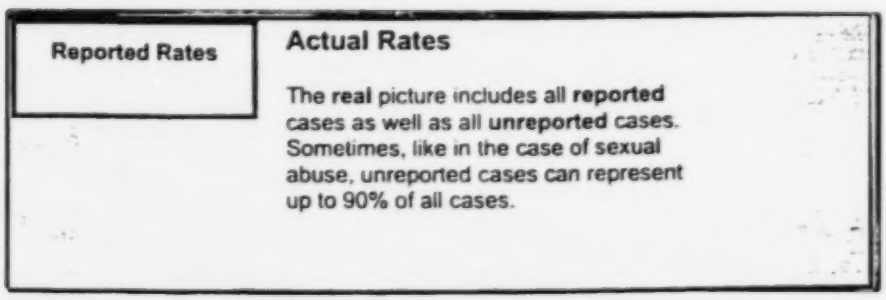
project *but also those who have a more distant but informed perspective* (e.g. community based professionals, leaders, and general community members). Still, the perspective of survivors and their families is very important too. To help measure their satisfaction, a sample survey [3] has been included for your use in Appendix C.

4.1) Our Hopes for Change

Five "thermometers" or indicators have been selected by the AHF Board to measure change resulting from AHF funded activity. They include: **rates of physical abuse, sexual abuse, children in care, suicide and incarceration**. To be clear and careful, the next part of the guide will define what is meant by each term, identify the influences upon these "thermometers" and point out where this information can be found. It should help you avoid, to the extent possible, any problems interpreting the information that these "thermometers" or indicators are telling you.

Be careful. Do not to confuse *reported* rates of abuse with *actual* rates. *Reported* rates are usually just a small amount of *actual* rates because *actual* rates include *reported and unreported* cases. The relationship between reported and actual rates is shown in Figure 5 below.

Figure 5) The Relationship Between Reported and Actual Rates of Abuse


Reported Rates
Actual Rates
The real picture includes all reported cases as well as all unreported cases. Sometimes, like in the case of sexual abuse, unreported cases can represent up to 90% of all cases.

When the ***actual*** rate of abuse is lowered it is ***always*** an good sign. However, when there are more ***reported*** cases of abuse, it may be a good or a bad sign. Increases in the ***reported*** rates of abuse may reflect *increased awareness* as well as *increased willingness to report*. Therefore, ***reported*** rates must be interpreted *very carefully* because much depends upon *why* the reports have increased. **Actual** rates of abuse are always best measured by asking victims about their experiences of abuse in

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[3] Larsen, Attkisson, Hargreaves & Nguyen: Evaluation and Program Planning, Vol2, 1979 as presented by Favaro, P: Consumer Satisfaction Evaluation at Conference 97: Evaluation in Partnership, Canadian Evaluation Society, Ottawa, Ontario, May 1997.

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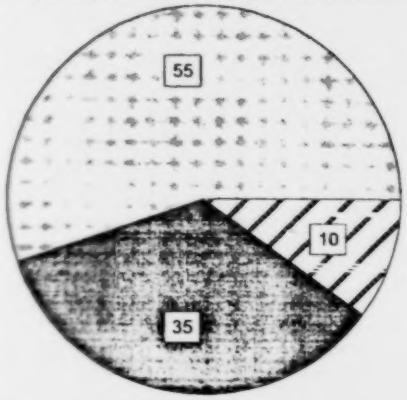
way that makes them feel safe and protects them from further harm.

Indicators or "thermometers" are normally described by a number like an average or a ratio (i.e. percentage) or a rate (i.e. 16/100,000) For our purposes, information may be represented by numbers alone (i.e. number of children in care, number of cases of physical and sexual abuse, number of community members incarcerated) however, the usefulness of raw numbers would be much better if a percentage or ratio can then be used (i.e. the percentage of the community's children in out-of-home care) so that we can make comparisons with other information (e.g. national trends). For example, in the pie chart below, the percentage of children who have witnessed violence is clearly comparable to national statistics which gives it more "power" to influence funding decision makers.

Percentage of Children Who Have Witnessed Violence



Children who have not witnessed abuse
Children who have witnessed abuse
Children we are unsure about

You may have difficulty finding information that specifically describes First Nations, Inuit or Métis communities especially in urban centres. It will help if there are any Aboriginal agencies and institutions that you could ask for help: this should be less of a problem in projects confined to reserves, remote and isolated communities. However, greater care needs to be taken to guard confidentiality especially when age and gender of individuals is shared with your evaluation team. Now let's look at the kind of "thermometers" of change that the AHF Board is keenly interested to explore.

Physical Abuse

Physical abuse is any physical act intended to harm, injure or inflict pain on another person. ***Reported*** rates are **influenced by**:

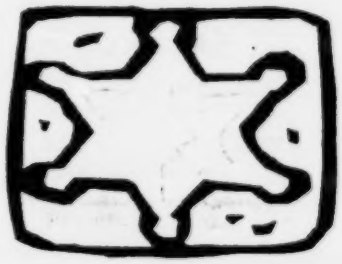
- law and *changes in law* over time,
- cultural values,[4]
- policies and professional practices and their *changes* over time,
- victims' willingness to report,
- recording practices of police and last, but not least,
- real (or actual) rates of abuse.

The kind of information on physical abuse that is useful for your evaluation is highlighted in the following table.

Age & Sex of the Victim	Relationship of Accused to Victim	Where did the information come from?	How was physical abuse defined? Are other influences at work which change the rate?	How was the information gathered?

To get this information, you may contact:

- **local police** (provincial, regional First Nations police services and RCMP),
- **hospitals,**
- anyone who keeps a record of **reasons for medical transportation** covered by Health Canada's Non-Insured Benefits Program, especially in isolated situations
- **women's shelters** and safe homes,
- **social service agencies,**
- **public health nurses** or **health centres** and possibly
- **addictions counselors** as well as previously conducted
- **needs assessments** with reported rates or actual rates of abuse.



[4] See the Canadian Incidence Study of Reported Child Abuse and Neglect, Bureau of Reproductive and Child Health, Child Maltreatment Division. A project summary was found at http://www.hc-sc.gc.ca/hpb/lcdc/brch/maltreat/cis_e.html. A similar point is made in *Family Violence in Canada: A Statistical Profile 2000,* p. 31

Sexual Abuse

Sexual abuse refers to unwanted or forcible sexual touching or activity.[5] Child sexual abuse is more precisely defined any incident when a child is used for sexual purposes by an adult or adolescent including exposing a child to sexual activity, engaging them in fondling, intercourse, juvenile prostitution or exploitation through pornography.[6]

The **date** when the incident took place also influences how we should think about this information. For example, if an adult reports an incident that occurred during their childhood, this could be viewed as a *positive* step in the healing process. In general, reported rates of sexual abuse are influenced by:

- real rates of abuse,
- a victims' willingness to report the abuse,
- the charging policies as well as the recording practices of police.

We need to be clear about **exactly what reported rates include.** If a case is *"unfounded"* (i.e. police have determined that a crime was not committed) then these cases **should NOT** be included. Cases that are *"cleared by charge"* or "cleared otherwise" and **should be** included in reported rates. At last, it should be clear if *suspected* and *confirmed* cases are included and if physical and sexual abuse have been grouped together (because sometimes they are grouped together in police reports).

The following table has been prepared for your convenience. It highlights the kind of information on sexual abuse that is needed to help make sense of the information.

Age	Sex	Relationship of Accused to Victim	Where did we get the information ?	How was abuse defined? What things might influence the rates of abuse we found?	How was this information gathered?

Sexual assault rates are available through **police reports** which will include the date of the assault, relationship between the victim and the accused, and whether the incident is cleared by charge, cleared otherwise or unfounded. **Surveys that ask victims directly about their experiences of abuse (i.e. victimization surveys)**, if *already*

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[5] Canadian Panel on Violence Against Women, "Facilitator's Guide" 1993.

[6] National Clearing House on Family Violence, Fact sheet: Child Sexual Abuse (http://www.hc-sc.gc.ca/hppb/familyviolence/html/csaeng.html - January 1990, revised February 1997)

available in **previously conducted needs assessments** or **research**, will provide the best information about rates of sexual abuse. Other sources include intake information from **sexual assault and rape crisis centres**, **child protection agencies, teachers, school counselors, social workers, nurses** and other **health care workers**.

Children in Care

Children in care is defined broadly to include all children (under the age of 18 years) placed in out-of-home care *by child welfare agencies*, whether voluntary or involuntary, temporary, emergency or long term, court-mandated or not, including all forms of placement – foster homes, group homes, institutions, and placement in the care of relatives or customary care. Rates of children in care must be interpreted very carefully because it can be a positive as well as a negative indicator of healing, depending on the context. Out-of-home care decisions are influenced by:

- social worker training,
- the judge reviewing the case,
- agency policy,
- provincial or territorial laws and directives as well as
- poverty and unemployment.

Be careful. The information you collect may represent the ***number of cases*** or episodes where children were placed in out-of-home care or the ***number of children*** in care. Measuring **cases** or episodes may count a child who is returned home and re-enters care at a later date *twice*; however, information on the number of cases may more readily be available. If at all possible, information should be collected on the ***number of children*** in out-of-home care. For the purposes of our evaluation it will be important to collect information for the *full calendar year preceding any AHF funded activity*. **The following table has been prepared for your convenience.**

Children in Care in (Year)

Total # of Children in community	Total # of Children in Care	Where did we get this information?	What might influence the information we found?

Local **child protection agencies** or **provincial and territorial governments** will have this information.

Incarceration

Incarceration rates are measured two ways: the number of annual admissions to correctional facilities or community supervision programs; and the number of offenders imprisoned *or serving a sentence in the community* at a given time.[7] We need information collected on the number of adults from the case study community/region who are incarcerated as well as the number of youth who have been remanded into custody or who are in open or secure custody.[8] Incarceration rates are influenced by:

- changes in law,
- admissions recording practices,
- self identification of Aboriginal status,
- policy as well as
- community use of restorative justice or alternatives to imprisonment.

The way an admission to prison is recorded may lead to *one* person who is serving a number of short sentences being counted *more than once*. Similarly, when *one* young offender goes from remand to open custody to probation, the records may count as *three* admissions.[9] Therefore, it is important to be careful and clear about how admissions are recorded.

Information Needed for Incarceration Rates

Sex	Adult/Youth	Is the institution federal, provincial, or territorial?	How have the records on admissions been kept? Would one person be counted more than once?

Incarceration rates for adults and youth which identify the number of Aboriginal people is collected nationally by the Solicitor General. The Canadian Centre for Justice Statistics also collects information on young offenders aged 12-17 and only those youth who identify as Aboriginal can be separated for our use. It may be difficult to obtain community level information, especially in urban centres: however, **police and court records (especially sentencing reports)** are potential sources of information, especially if the community is isolated or on-reserve.

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[7] Statistics Canada, *The Daily*, "Adult correctional services", Thursday, June 1, 2000

[8] Statistics Canada presents data on youth custody under the headings remand, secure custody, open custody and total custody. In the case studies the focus is on obtaining data on total custody.

[9] Statistics Canada, *The Daily*, Friday, September 29, 2000 "Youth custody and community service."

Suicide

Suicide is an injury deliberately inflicted on oneself with the intention of ending one's life.[10] Suicides represent only a small part of all suicide attempts; therefore, it is important to collect information on *attempted* suicides too. There are major differences between males and females with respect to suicide and suicide attempts: males are four times more likely than females to commit suicide but attempted suicides are more common among females.

Official records often *under*-report suicide because forensic, social, cultural and religious factors can influence whether or not a death is classified as suicide. Some accidental deaths may be classified as "undetermined" but, in fact, they could be due to suicide. National suicide rates are reported under the following age categories: under 15, 15-19, 20-24, 25-44, 45-64, 65+. Therefore, it is hoped that information for AHF evaluations could be collected the same way.

	Suicide		Suicide Attempts	
Age	**Male**	**Female**	**Male**	**Female**
Under 15				
15-19				
20-24				
25-44				
45-64				
65+				

Coroner's records and **death records** list suicide as a separate classification. It is reported that approximately 2% of all hospital admissions are due to self-inflicted injuries.[11] Therefore, **emergency departments and health centres** should be able to provide information on suicides and attempted suicides. Table 2 offers quick look at the kind of information that you will need as well as where you might be able to get it.

---

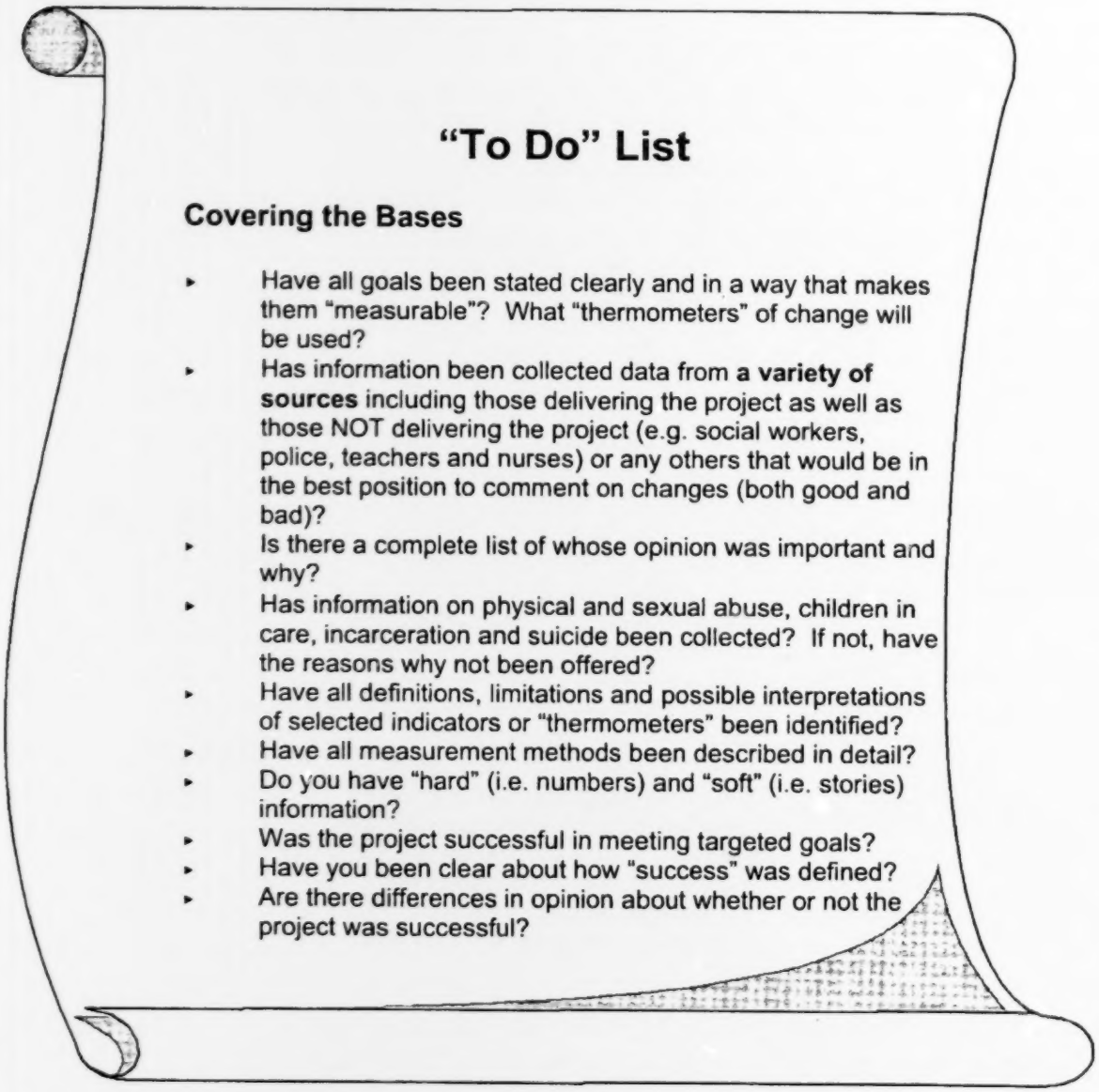
[10] Canadian Institute for Health Information, *Community Health Indicators: Definitions and Interpretations* p. 146 Much of this section is based on information provided by CIHI under two indicators: Suicide Mortality Rates (p.146-147) and Proportion of Population Having Seriously Considered Suicide (104-105)

[11] Federal, Provincial and Territorial Advisory Committee on Population Health, p. 19

Table 2) What Information Do I Need and Where Can I Get It?

What Information do I Need?	How and Where can I get it?
You will need information on the kind of **SHORT TERM** changes you expect. You will also need information on **LONG TERM** changes that you expect as well as those "thermometers" that the AHF Board is keenly interested in influencing. Namely, **physical and sexual abuse, children in care, incarceration rates and suicide.**	**Just Ask** either through surveys, in-depth interviews or group discussions what are the opinions of survivors, trainees or other participants/audiences, community members, Elders, youth, leaders, project teams, sponsors, advisory committees, police departments, teachers, hospital staff, social service agencies, provincial and territorial governments. **Check all the documents** such as needs assessments; records; proposals; submissions; progress, activity and financial reports; eligibility criteria and guidelines; agreements, financial statements; newsletters; minutes, proceedings, studies and annual reports. **Get the statistics** from local police departments, teachers, hospital staff, social service agencies, provincial and territorial governments and coroner's offices. **Look at other research** that might have been done by Statistics Canada, the Royal Commission on Aboriginal Peoples, regional Aboriginal organizations and educational institutes, government departments as well as published and unpublished literature on the legacy of Physical and Sexual Abuse at Residential School.

When "covering all your bases" it is important to keep these tasks in mind.



"To Do" List

Covering the Bases

- Have all goals been stated clearly and in a way that makes them "measurable"? What "thermometers" of change will be used?
- Has information been collected data from **a variety of sources** including those delivering the project as well as those NOT delivering the project (e.g. social workers, police, teachers and nurses) or any others that would be in the best position to comment on changes (both good and bad)?
- Is there a complete list of whose opinion was important and why?
- Has information on physical and sexual abuse, children in care, incarceration and suicide been collected? If not, have the reasons why not been offered?
- Have all definitions, limitations and possible interpretations of selected indicators or "thermometers" been identified?
- Have all measurement methods been described in detail?
- Do you have "hard" (i.e. numbers) and "soft" (i.e. stories) information?
- Was the project successful in meeting targeted goals?
- Have you been clear about how "success" was defined?
- Are there differences in opinion about whether or not the project was successful?

5) Making Sense of the Information

Community profiles will be very valuable to use when we begin to make sense of our information. We may also have to offer explanations for unexpected negative results. Let's say survivor participation is falling far short of our anticipated goals. Hopefully, other sources of information will help us to figure out what else is going on in survivors lives which prevents their participation. **In other words, what else could explain the results we have achieved?**

It is important to recognize that many things beyond the activities of AHF funded projects can influence the changes we hope for. Therefore, when we try to understand the information we have, *we must think holistically and take into account all the other factors or circumstances which influence our "thermometers" or indicators .*

It will help if you know how your progress compares with other AHF projects or even other similar programs in the community? Do the different types of information that you have collected (hard and soft) say the same thing or something different? What could explain such differences?

5.1) Thinking Holistically

The community environment is ***very important***. Extreme poverty, isolation, poor housing, air and water quality all have an impact upon any changes we may be hoping for and should not be ignored. To build a story about the community, we need answers to the who, what, how, when and where questions.

Who

First of all, there are a couple of *WHOs* we need to know about. They include the healers or trainers, participants, their families and the community. Some of the things we **might** like to know are:

a) Has the healer/trainer worked with residential school survivors before? For how long? Doing what?

b) Does the healer/trainer feel the training they received was adequate and appropriate to prepare them for the task?

c) What does the healer/trainer like most about the project?

d) Does the healer/trainer have any opportunity to have questions answered by a professional support network or other people involved in delivering or evaluating a program for survivors?

e) How did healers/trainers get chosen to administer, run, deliver the Aboriginal Healing Foundation project?

f) What other information about the healer/trainer is important to the community that you think should be included here?

The next group of *WHO's* that we will need to know about will be participants.

a) How were participants selected? recruited?

b) How many are there in total?

c) What are their ages, sexes?

d) Are there some who may need extra help? How have they been accommodated?

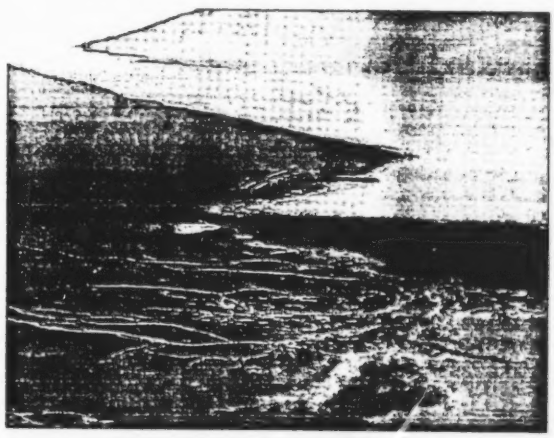
e) What other information about the participants is most important to the community that you think should be included here?

When

Important community and life events will have an impact on AHF funded activity and these should be recorded too. For example, if there is a suicide in the community or the building is under renovations, these will all affect how the participants engage in the program. Also, if participants are involved in **other** community programs (e.g. substance abuse treatment, family counseling, parenting skills), it will be important to say so because their involvement in other programs will certainly influence your results. A record of when the AHF activity is implemented should include exactly when the program was delivered and for how long (e.g. from 9.a.m. to 12 p.m. every weekday for six months).

Where

We will need to know where the project was delivered (e.g. school gymnasium, community hall, bush camp, through home visits) because different places will encourage different feelings. Once we know where the project has been delivered (let's assume it is the local school) we might want to know how committed the school is to AHF funded activity. If finding space on a weekly basis is complicated, not guaranteed or tends to be a low priority, this will have an impact on the program. We will also want to know what kind of relationship the school has with the greater community? Are they linked with other healing initiatives such as AA, self help groups or social services? Describe the community "feeling" about the place where AHF funded activity lives.



What and How

Perhaps one of the most time consuming tasks will be recording what was done during the project as well as how it was done. It will be important to clearly identify what goals the community wants to focus upon as well as the activities undertaken to achieve those goals. Much of this information can be easily drawn from your project proposals and agreements, all that needs to be done is to prepare a brief summary of this

information and then check to see if it still accurately describes what happened or is happening. Have any changes been made to your plans as a result of what you have learned? Specifically what changes were made and why?

a) What activities took place? Were survivors involved in decision making? Who else participated? observed?

b) Where and when were sessions held?

c) Were participants enthusiastic? bored? unmotivated? distracted?

d) What cultural and community information is important here?

e) What suggestions do you have for changing the approach?

f) What do survivors or their families think will improve the project?

g) How have plans or activities changed over time? Why have they changed?

g) What challenges did you face? How were they overcome?

To help you gather your thoughts about what you need to do to make sure that your evaluation shows that you have been thinking holistically, a "to do" list has been prepared for you on the following page.

"To Do" List

Making Sense of the Information

- How did you make sense of the stories and the numbers that you kept track of and what you found.
- Have all possible explanations for the results been considered?
- Did different sources or kinds of information said the same thing or different things?
- Was there any agreement or disagreement about how the information should be interpreted between community members?

Thinking Holistically

- Has the community environment (e.g. geographic location, level of isolation, poverty, unemployment, etc) and participant characteristics (total number, age, sex, special needs, etc) been described in detail?
- Have all project activities and goals been described clearly? Have any changes to your original plan (i.e. the one submitted in your proposal to AHF) been recorded together with the reason for change?

6) Reporting Results

Once you have all the needed information and you have made sense of your results in partnership with your evaluation committee (if you have one or others involved in helping with the evaluation), you will need to carefully report your findings. When results are reported, keep these things in mind:[12]

a) describe how community program goals were decided

b) who information was collected from and why their opinion was important

c) share how you collected information and why you did it that way

d) highlight what information you felt was important and why

e) be clear about who helped with the evaluation and why

f) identify what limitations you had with the time and money that was available for the evaluation

g) show where project goals were clear and measurable, where you project was successful in meeting its goals and describe how "success" was defined by the community and what differences in opinion there were about whether or not the project was successful

h) illustrate how you made sense of your stories (i.e. qualitative information) and the numbers you kept track of (i.e. quantitative information) and what you found

i) discuss whether different sources and kinds of information said the same thing or different things

j) describe any agreement or disagreement about how the information should be interpreted between different people at the community level

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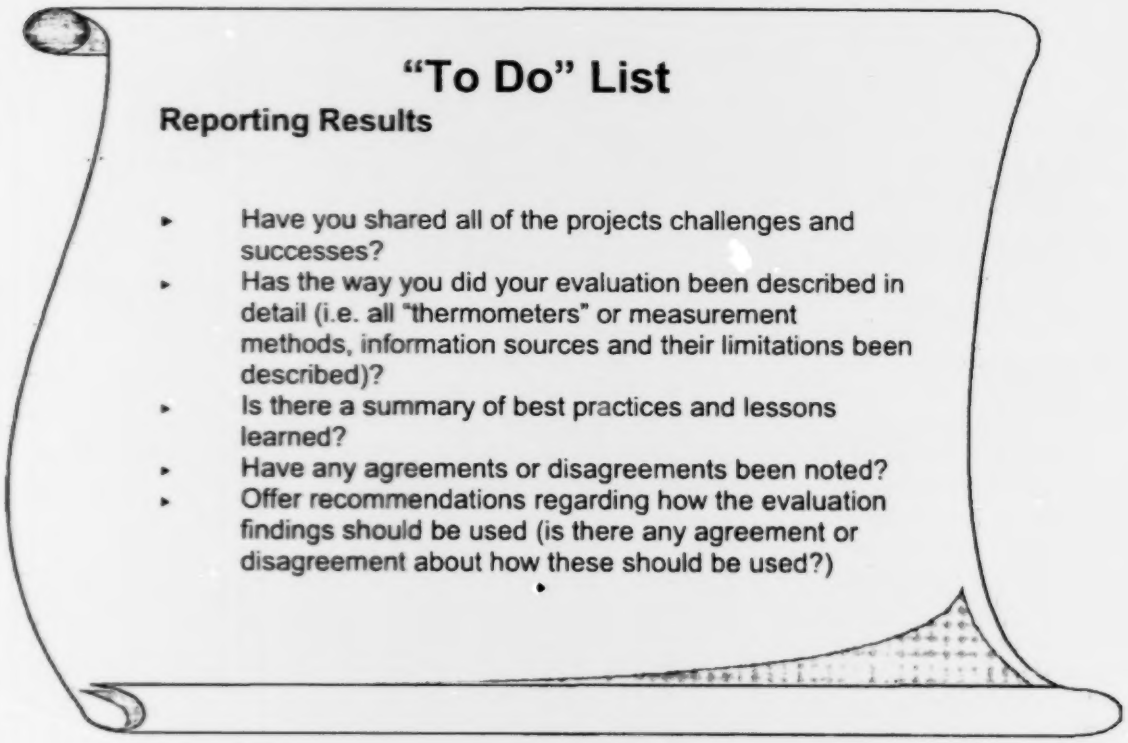
[12]Adapted form Horne, T.: Making a Difference: Program Evaluation for Health Promotion, WellQuest Consulting Ltd., 1995.

l) prepare a summary of what seems to be working (i.e. best practices and where improvements have been made (lessons learned).

m) offer recommendations on how your results should be used (is there any agreement or disagreement about how these should be used?)

Wondering what to do?


"To Do" List
Reporting Results
Have you shared all of the projects challenges and successes?
Has the way you did your evaluation been described in detail (i.e. all "thermometers" or measurement methods, information sources and their limitations been described)?
Is there a summary of best practices and lessons learned?
Have any agreements or disagreements been noted?
Offer recommendations regarding how the evaluation findings should be used (is there any agreement or disagreement about how these should be used?)

7) Keeping the End in Mind

In the end, all your effort should be toward answering the most important questions:

What Changed if Anything?
Why or Why Not?
How do we know?

The answers to these questions are the end result of your impact evaluation effort.

8) My "To Do" List

As an easy way to have all the tasks grouped together, a complete "to do" list which combines every section of the evaluation guide has been provided.

Getting Started

- Do you have a team or committee to help you that includes survivors, youth, Elders, project leaders, sponsors and any other people you feel are important?

- Have they answered these questions together for each project activity or component?

✓ ***Why are we doing this?***
(What are the long term goals that the community hopes for? Have the long term goals been clearly stated in **measurable** terms? Is there a description of how community program goals were decided?)

✓ ***What do we want?***
(What are the short term benefits that the community hopes for in the next 12 months to a year? Are the short term benefits clearly stated in measurable terms?)

✓ ***Who do we expect to influence?***
(Who is the target group? Who will benefit the most children? youth? incarcerated? elders? families?)

✓ ***How are we going to do it?***
(What activities and outputs does the community believe will help them get what they want?)

✓ ***How will we know that things have changed?***
(What indicators have been selected to gather information about change? What information was really important and why?)

✓ ***What will we see, hear and feel?***
(What methods of measurement have been selected [observation, interviews, surveys]? and why?)

✓ ***How much have things changed?***
(What do the numbers say?)

✓ ***Who else sees the change?***
(What is the opinion of key community members? e.g. police, social workers, nurses, leaders, etc. Why was their opinion important to us?)

- Are there short and long term **indicators** for each activity?
- Has a performance map been prepared based upon the answers to key evaluation questions?

Thinking Logically

- Is it clear how the project will get from activities right now to desired changes in the short term (let's say in the next 6 to 12 months) and then ultimately to the long term goals that the project hopes to achieve?
- Is the link between project activities clearly illustrated in a "picture" or model?
- Has a logical "picture" or model for **each** program component or activity (e.g. healing services and training) been prepared?

Covering the Bases

- Have all goals been stated clearly and in a way that makes them "measurable"? What "thermometers" of change will be used?
- Has information been collected data from **a variety of sources** including those delivering the project as well as those NOT delivering the project (e.g. social workers, police, teachers and nurses) or any others that would be in the best position to comment on changes (both good and bad)?
- Is there a complete list of whose opinion was important and why?
- Has information on physical and sexual abuse, children in care, incarceration and suicide been collected? If not, have the reasons why not been offered?
- Have all definitions, limitations and possible interpretations of selected indicators or "thermometers" been identified?
- Have all measurement methods been described in detail?
- Do you have "hard" (i.e. numbers) and "soft" (i.e. stories) information?
- Was the project successful in meeting targeted goals?
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- Are there differences in opinion about whether or not the project was successful?

Making Sense of the Information

- How did you make sense of the stories and the numbers that you kept track of and what you found.
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Thinking Holistically

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- Have all project activities and goals been described clearly? Have any changes to your original plan (i.e. the one submitted in your proposal to AHF) been recorded together with the reason for change?

Reporting Results

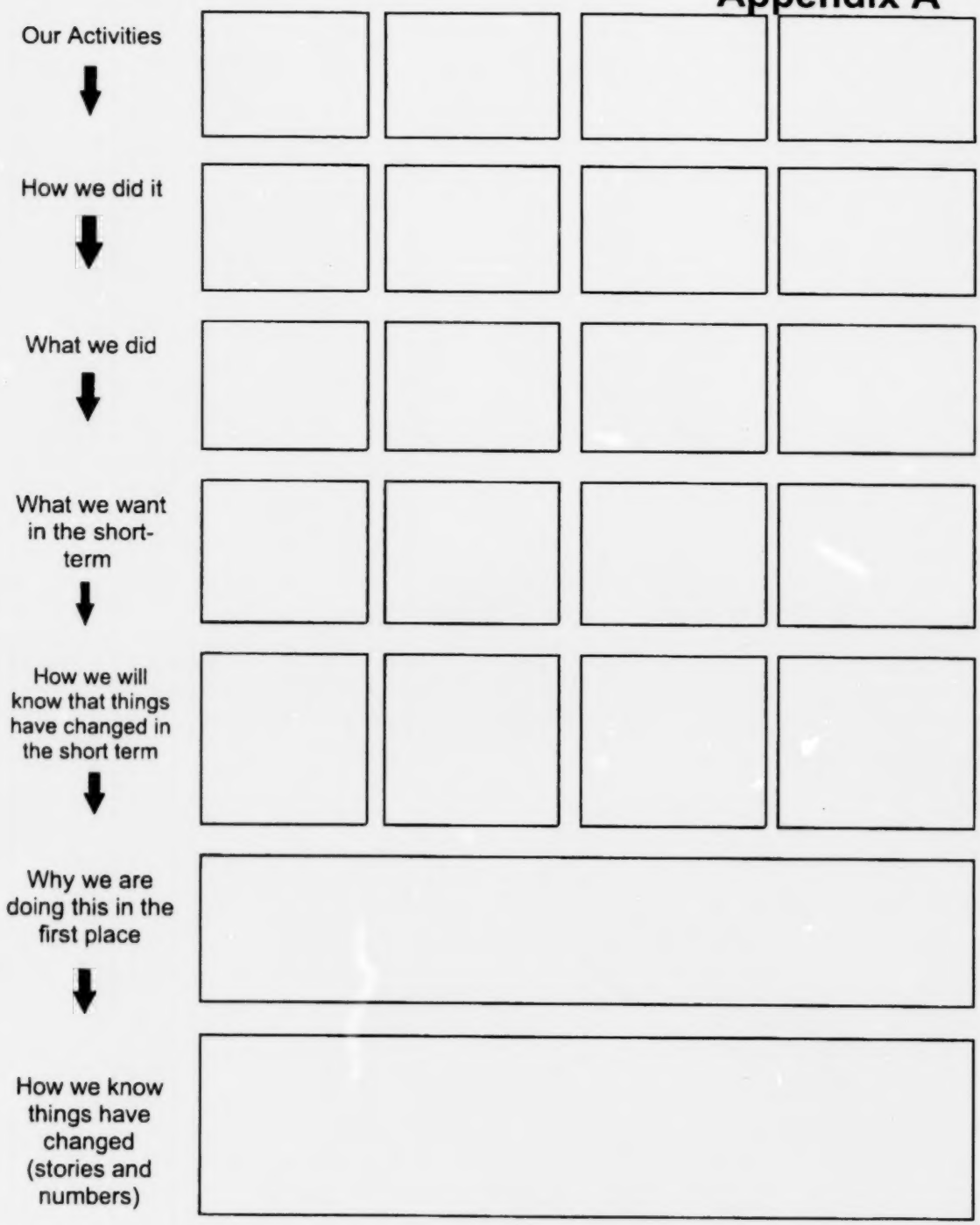
- Have you shared all of the projects challenges and successes?
- Has the way you did your evaluation been described in detail (i.e. all "thermometers" or measurement methods, information sources and their limitations been described)?
- Is there a summary of best practices and lessons learned?
- Have any agreements or disagreements been noted?
- Offer recommendations regarding how the evaluation findings should be used (is there any agreement or disagreement about how these should be used?)

Keeping the End in Mind

- Has all your effort been made to ensure that you have solid answers to the following questions:

What Changed? if Anything? Why or why not? How do we know?

Appendix A


Our Activities
How we did it
What we did
What we want in the short-term
How we will know that things have changed in the short term
Why we are doing this in the first place
How we know things have changed (stories and numbers)

Appendix B
Survey Development Guidelines

When drafting your surveys always keep these things in mind:

✔① Remember the survey's purpose

All other rules are based on this one. This is why you decided to spend your time gathering information in the first place.

✔② If in doubt, throw it out.

This is another way of saying the first rule. Never include a question because you can't think of a good reason to throw it away.

✔③ Keep your questions simple

✔④ Stay focused - avoid confusing questions

If you ask "When did you last see a movie?" You might get answers that refer to the last time your respondent rented a video when you are really interested in the last time they went to a theater.

✔⑤ If a question can be misunderstood, it will be

"What time do you normally eat dinner?" means different things to different people. For some, dinner is a midday meal and for others it is the evening meal. Be clear, to the point and always ask for someone else's opinion about the question you have prepared. If you ask, people will tell you if they misunderstand the question.

✔⑥ Ask only one thing at a time

How would you respond to this question? - "Please rate your satisfaction with the amount and kind of services you receive from the community government". We are asking about two things here; the amount of service and the kind of service. If you want specific recommendations, you need to ask specific questions. Ask first about the kind of service, then ask another question about the amount of services.

✔⑦ Avoid leading questions

It is easy, but wrong to write a question which suggest there is a right or wrong answer. For example, "Most people believe the Aboriginal Healing Foundation is a good program. Do you agree?" leads the respondent to say yes. We want an honest opinion.

✔⑧ Think of other ways to ask sensitive questions

Some questions are very sensitive and we need to find ways to help people feel comfortable enough to answer honestly. For example, instead of asking "Do you drink alcohol?", it is better to ask "How much alcohol have you consumed in the past week?" Because the question assumes that alcohol has been consumed, it is less embarrassing to

admit consumption. Or if you were asking about family poverty, you might start your question by "There are many reasons why families are not able to provide for themselves. Sometimes the adults are ill or there is high unemployment in the region. Thinking about the past year, has your family experienced any food shortages?"

✔⑧ *Make sure the respondent has enough information*

Some community members may not be aware of AHF funded activities. Therefore asking them "How effective has the AHF project been in the community?" would not be as good as asking "We recently started an Aboriginal Healing Foundation funded project called "Name of project here" at the health centre. Did you know this?" Followed by "Have you seen any benefits resulting from the projects efforts?"

Useful answers are just as important as good questions.

✔① *Think of all possible answers (exhaustive list) and try to make sure there is only one place for the answer (mutually exclusive).*

You should make sure that response options cover every possibility. If you cannot, then offer an "other" response option where the respondent can tell you what other choice they are thinking of. Also, make sure you get the answer you want. Let's say you ask:

> Where would you like the project to be held? and offered the following responses:
>
> a) at the school
> b) in the daycare centre
> c) in a home
> d) close to the arena
>
> but the school is close to the arena, then your respondent would have two possible answers. When you may want only one.

✔② *Keep open ended questions to minimum?*

Open ended means the answer is whatever the respondent wants to tell you. For example: "What did you like most about the project?" left open ended could result in a very long answer. These kinds of questions are useful but they take a lot of time and effort on the respondents part.

✔③ *People interpret things differently, especially when it comes to time*

When you use responses like "always", "regularly", "sometimes", "never", you need to be clear about that you mean to make sure all respondents understand the same thing. For example, if you ask "Do participants regularly attend healing circle sessions?" You should also say "By regularly, I mean they attend at least 90% of the time available for participation."

✔④ ***Always include a "don't know" response?***

It's only fair. Let's say you are asking a grandmother about changes in her grandchildren. She may not always know or see these changes.

✔⑤ ***Always use a meaningful scale***

For example, if you ask social workers "Please rate your satisfaction with AHF funded project" and you use a scale that says 1 is not satisfied and 4 is very satisfied then choices 2 and 3 should have fair labels. See the next Appendix x for the sample Community Professionals Evaluation of AHF if you would like an example.

Appendix C
Participant Satisfaction with AHF

Participant's Satisfaction

Please help us improve our program by answering some questions about the services AHF is providing in the community. We are interested in your honest opinion, whether they are positive or negative. *Please answer all of the questions.* We also welcome your comments and suggestions. Thank you very much, we really appreciate your help.

CIRCLE YOUR ANSWER

1. How would you rate the quality of service that you received?

4	3	2	1
Excellent	Good	Fair	Poor

2. Did you believe that they are getting the kind of service that you want?

1	2	3	4
No, definitely not	No, not really	Yes, generally	Yes, definitely

3. To what extent has the project met your needs?

4	3	2	1
Almost all of my needs have been met	Most of my needs have been met	Only a few of my needs have been met	None of my needs have been met

4. If a friend or family member were in need of similar help, would you recommend the project to him or her?

1	2	3	4
No, definitely not	No, I don't think so	Yes, I think so	Yes, definitely

5. How satisfied are you with the **amount** of help that you have received?

1	2	3	4
Quite dissatisfied	Indifferent or mildly dissatisfied	Mostly satisfied	Very satisfied

6. Have the services provided by the project helped you deal more effectively with your problems?

4	3	2	1
Yes, they helped a great deal	Yes, the helped somewhat	No, they really didn't help	No, they seemed to make things worse

7. In an overall, general sense, how satisfied are you with the services that you received?

4 Very satisfied	3 Mostly satisfied	2 Indifferent or mildly dissatisfied	1 Quite dissatisfied

8. If you were to seek help again, would you use the same kind of approach?

1 No, definitely not	2 No, I don't think so	3 Yes, I think so	4 Yes, definitely

PLEASE WRITE YOUR COMMENTS

The thing I like best about the project is:_____

_____

If I would change one thing about the project, it would be: _____

_____

adapted from: Larsen, Attkisson, Hargreaves, & Nguyen. Evaluation & Program Planning, Vol. 2, 1979.

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